



Application for Electric Service Owners

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Unit #

City State ZIP Code

Phone: _____ Email _____

I agree to the terms and schedule of rates governing this class of service in accordance with BMLD and the Department of Public Utilities, which are on file.

Applicant's signature _____

Effective date of service _____

Employer _____